

Diagnosing Arthritis



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About this booklet

EVERYBODY HAS HEARD OF ARTHRITIS, but often we don't know much about it. It is a common condition that causes joint inflammation and pain, and it affects about 10 million people in the UK. People of all ages can get it.

Being diagnosed with arthritis can raise many concerns and questions. This booklet provides you

with the information you need to understand this condition in all its different forms, the treatment options available to you, different coping methods, and where to go for further advice and help.



What is arthritis?

Arthritis is often thought of as a disease that affects older people, and it is most common in people aged 50 or over. But it can affect people of all ages, including children, and both men and women. Some forms are rare, while others, such as osteoarthritis, are much more common.

The word ‘arthritis’ literally means inflammation of the joints. But arthritis is not a diagnosis in itself. It is a general term that acknowledges that something is wrong. Often it takes time for a doctor to reach a precise diagnosis.

The word ‘rheumatism’ is even more general, and is used to describe aches and pains in joints, bones and muscles. There are over 200 kinds of rheumatic diseases or conditions; often these are referred to as arthritis or musculoskeletal diseases.

Although there is no cure for arthritis, there are many effective treatments that can enable you to live a happy and healthy life, and ongoing research is improving our understanding of the condition all the time.



Causes

It is not clear exactly what causes arthritis, and different types of arthritis may have different causes. Sometimes the cause is simply unknown, but a combination of factors is thought to play a part. For example, it is known that some forms of arthritis tend to run in families, while some occupations or activities that cause repeated or significant strain on joints can increase the risk of developing osteoarthritis. Smoking can increase the risk, and injury or illness can sometimes act as a trigger, while other lifestyle factors, such as diet and exercise, are known to help ease the symptoms.

► For more information about children and arthritis, we have produced a special booklet, *My Child has Arthritis*, and a range of factsheets. Contact our free helpline or visit our website.

Symptoms

There are various types of arthritis, but they all share a number of common symptoms, including persistent joint pain, inflammation, swelling, tenderness and stiffness. Most people with arthritis will experience problems and pain in specific joints, while others might feel more generally unwell. Other symptoms might include a high temperature, a skin rash, weakness or muscle wasting.

The effects of arthritis

Arthritis affects different people in very different ways. And it is a fluctuating condition, meaning that its effects can vary from day to day, and from week to week. Typically, there will be times when the symptoms of arthritis improve or even disappear (referred to as going into remission), and times when they worsen (known as flare-ups). With the right treatment some people may find they are in remission for months or even years at a time. Others might experience more severe symptoms, perhaps as a result of changes in their general health, infection, or sometimes for no known reason.

The type of arthritis you have can determine how you might be affected and for how long. Sometimes arthritis can get better on its own or as a result of treatment. However, most usually, the effects of arthritis are long term (also referred to as chronic), continuing to varying degrees over many years. In the early stages it is often very difficult for your doctor to tell which course your particular form of arthritis will take.

How joints work

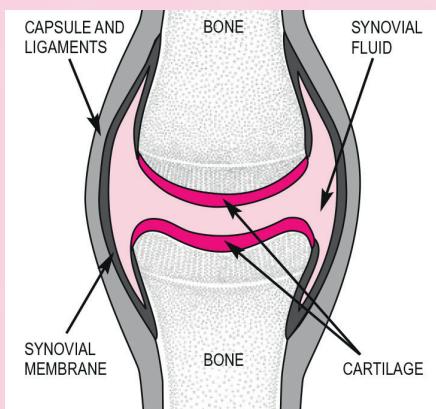
A joint is where two bones meet, and are enabled to move in certain directions. The two bones are held together by ligaments. Ligaments are fibrous connective tissue and they act rather like elastic bands: as muscles lengthen and shorten to make the joint move, ligaments keep the bones in place. Tendons are fibrous connective tissue that join muscle to bone.

A coating of soft but tough tissue (cartilage) covers the surface of the bones and stops the bones from rubbing directly against each other. This helps the joint to work smoothly.

The joint is surrounded by a capsule (the joint cavity), and the space within this capsule contains synovial fluid. This fluid, which lubricates the joint and provides nutrients to the joint and cartilage, is produced by the synovial membrane (or synovium), which lines the joint cavity.

With arthritis, inflammation of an affected joint occurs when the joint lining thickens, the synovial fluid increases, and toxins are released into the joint. It is these changes that cause the characteristic stiffness and pain, and make movement of a joint difficult.

This diagram shows a normal, healthy joint.



Pain management

Because people feel pain differently and react to treatment differently, the pain you experience from your arthritis will be very specific to you. Pain can even be felt in places other than the affected joint. You may, for example, have arthritis in the hip, but feel pain in your knee. This is called referred pain.

There are different kinds of pain. Some people will experience persistent pain, some will feel sharp stabbing pains, others ache, and others will get a complex mixture of different aches and pains.

► For further information and advice on pain management see our booklet:
Coping with Pain.

Pain can usually be controlled effectively, and stiffness and inflammation can be relieved. There are also ways of overcoming any loss of strength, grip or mobility.

There is a lot you can do to take control of your arthritis, and Arthritis Care is here to help every step of the way.



Diagnosis

Some kinds of arthritis are relatively straightforward to diagnose, while others are much more complex and may need investigations such as blood tests, x-rays or other types of scan.

The first step towards a diagnosis is to consult your GP.

If you are asked to have a lot of tests it does not mean your arthritis is particularly bad or that it will necessarily be difficult to treat. Your doctor may send you for tests in order to confirm what you have, and also to eliminate what you don't have, before deciding on an appropriate course of treatment.

You may or may not need a referral to a specialist. Your GP may oversee your treatment, particularly if you are diagnosed with one of the more mechanical types of arthritis, such as osteoarthritis. For this, you are unlikely to need a referral. However, if you have an inflammatory condition, such as rheumatoid arthritis or lupus, you may well be referred to your local hospital or nearest specialist centre.

The different kinds of arthritis

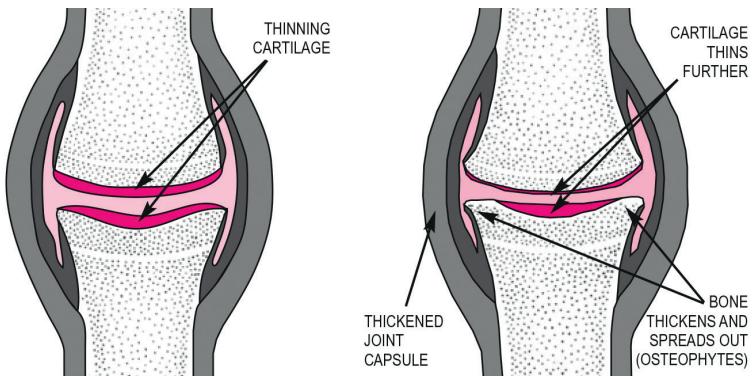
This section gives a brief outline of some of the more common kinds of arthritis. If you would like information about a particular form of arthritis that is not mentioned in this booklet, please call the Arthritis Care helpline on 0808 800 4050 (10am–4pm, weekdays).

Osteoarthritis

Osteoarthritis (OA) is a condition that usually develops gradually, over several years, and affects a number of different joints. It used to be considered a wear-and-tear form of arthritis, but it is now thought there are many more factors than age and use that contribute to its development, including genetics, obesity and past injury. It is more common in females than males. In females, it often develops after the menopause, which can lead to it being seen as part of the ageing process, although research into this is ongoing.

For some people who develop osteoarthritis, the changes are subtle and develop so gradually that they may hardly be noticed at first. For others, problems may significantly worsen over a number of years, but then may settle and become easier to manage.

As the overall disease process develops, joints may become knobbly in appearance, but may or may not be painful. In some cases, these joints actually become pain free and, despite their appearance, do not prevent you from carrying out most everyday tasks.



What happens?

In osteoarthritis, cartilage becomes pitted, rough and brittle. The bone underneath the cartilage thickens and broadens out. In some cases, bony outgrowths (osteophytes) may form at the outer edges of the joint, making the joint appear knobbly. The synovial membrane and the joint capsule thicken, and the joint space narrows, which can lead to an increase in the amount of fluid in the joint. Often there is some inflammation, and the joint may become stiff and painful to move and occasionally the fluid swells.

In worse cases, parts of the cartilage may become brittle and break away, exposing the ends of the bones, which can then rub against each other. This can cause the ligaments to become strained and weakened, which in turn causes a lot of pain and some changes in the shape of the joint.

Diagrams showing the effects of osteoarthritis in its early stages (left) and more advanced stages (right).

Which joints are affected?

Osteoarthritis most commonly occurs in the joints of the hands, knees, hips, feet and spine.

How is it treated?

Your doctor will aim to minimise the effects of your arthritis and to reduce the symptoms, especially the pain. There are many medicines available to help manage the pain of osteoarthritis. You may be offered:

► For more information on the drugs used in the treatment of arthritis, see pages 36–41.

- **analgesics**, which help to relieve pain
- **non-steroidal anti-inflammatory drugs (NSAIDs)**, which reduce inflammation and the pain caused by inflammation, or
- **steroids**, which can be injected into the affected joint or taken in tablet form.

These medicines cannot cure your arthritis, but they will reduce the symptoms and the pain.

If your arthritis becomes severe, particularly in your knees and hips, then your doctor may discuss with you the possibility of surgery, although this is usually considered only after all other suitable treatment possibilities have been explored. If you agree, you may be referred to see an orthopaedic surgeon with a view to having the joint replaced.

Joint replacement surgery is very successful and last at least 10–15 years, after which it is possible to have revision replacements.

What can you do?

You can help to reduce pain and the stress on your joints by taking up appropriate exercise. Finding the right exercise and relaxation techniques that work for you can help strengthen the muscles that support and protect your joints. If you are uncertain about what kind of exercise to do, a physiotherapist will be able to advise you. The golden rule is: if you can move it, you can exercise it.

In addition, massaging painful joints and muscles can help relieve discomfort and pain for many people. And attaining and maintaining an ideal weight can significantly help ease the strain on your weight-bearing joints.

While exercising and keeping fit and active can be very beneficial, relaxation techniques can also help. Relaxation classes help some people, as do other complementary therapies, such as acupuncture and aromatherapy.

► See also
our booklets:
*Arthritis and
Surgery*, and
*Exercise and
Arthritis*.

► See pages
43–46 for
more on
complementary
therapies.

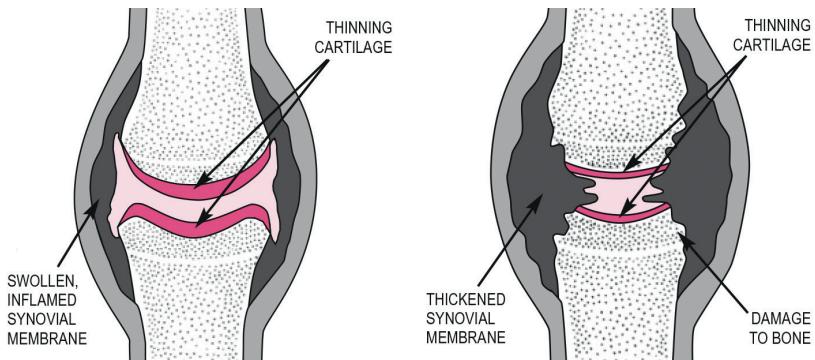
Rheumatoid arthritis

Rheumatoid arthritis (RA) is an inflammatory disease that mainly affects joints and tendons, but in a flare-up, other organs can also be affected. An inflamed joint is swollen, reddened, and feels warm to the touch. In most diseases, inflammation helps heal the body, but in rheumatoid arthritis this is reversed and it is the inflammation itself that causes damage. It can go on for a long time, or come and go. During a flare-up, you may feel particularly unwell.

What happens?

It is thought that rheumatoid arthritis occurs when the body creates inflammation in joints when it is not actually necessary; it is fighting itself, rather than any invasive threat. This is known as an autoimmune disorder. It is this inflammation that causes pain and difficulty in movement.

Rheumatoid arthritis may start suddenly, but more often the symptoms develop slowly over a few weeks or months. While an acute onset of RA may be easier to diagnose, a gradual onset can make diagnosis much more difficult. Morning stiffness and the painful swelling of joints are typical features.



The thin synovial membrane that lines the joint capsule and the tendon sheaths (tubes in which the tendons themselves move) and the bursae (the sacs of fluid that allow the muscles and tendons to move smoothly over each other) become inflamed. The joints and the inflamed tissues then become stiff, painful and swollen.

You may feel fatigued or experience early-morning stiffness that lasts for several hours. These are very important symptoms to report to your doctor, to assist in diagnosis and to help you to get the right treatment. If your doctor suspects rheumatoid arthritis, you will be asked to have some blood tests. If these tests are positive, or your symptoms persist, you should be referred to a consultant rheumatologist for a firm diagnosis and treatment.

Diagrams showing the effects of rheumatoid arthritis in its early stages (left) and more advanced stages (right).

How will it affect me?

Whether you have mild or severe rheumatoid arthritis, there are some common difficulties. The first is the pain, and loss of strength and movement in the inflamed joints. The second is feeling generally unwell and tired and stiff, especially in the morning or after sitting still for a long time.



How is it treated?

Your doctor will aim to reduce the damaging inflammation. Rheumatologists are likely to use disease-modifying anti-rheumatic drugs (DMARDs) soon after diagnosis to try to slow down the progress of the condition. These drugs reduce the overall damage caused, and can help you feel better. Along with DMARDs, you may also be given non-steroidal anti-inflammatory drugs (NSAIDs).

► **For more information on all the drugs used in the treatment of arthritis, see pages 36–41.**

If you find DMARDs are not working for you, the next step may be an assessment for treatment with biologic drugs (see pages 38–39). These will need to be carefully monitored, requiring regular visits to your GP and rheumatology departments for check-ups and blood tests. Or, steroids may also be used if the inflammation is severe.

In severe cases, your doctor may discuss with you the possibility of joint replacement surgery, particularly if the joint is very painful or there is a risk of losing the overall function.

What can you do?

If you have been diagnosed with rheumatoid arthritis, it can be very helpful to seek the advice of a physiotherapist. They will be able to recommend and demonstrate particular exercises that can help you retain the full range of movement in your joints, and keep your muscles strong. Strengthening your muscles will, in turn, help support your joints.

In addition, an occupational therapist (OT) will be able to advise you on the use of splints, gadgets or equipment that might assist you with daily living tasks.

Learning to pace yourself, and finding the right balance between exercise and relaxation is vital. And accepting help for heavy and difficult tasks will enable you to conserve your energy for those things you are able do.

It will also help if the people you live and work with understand your condition, and the frustrations its symptoms can bring. It can be very helpful to discuss your difficulties with other people with RA.

► You may be able to learn how to develop these skills by attending one of our self-management programmes. Contact us for details.

► See also our booklets: *Arthritis and Surgery*, and *Exercise and Arthritis*.



*'Ankylosing' means stiffening;
'spondylitis' means inflammation
of the spine.*

Ankylosing spondylitis

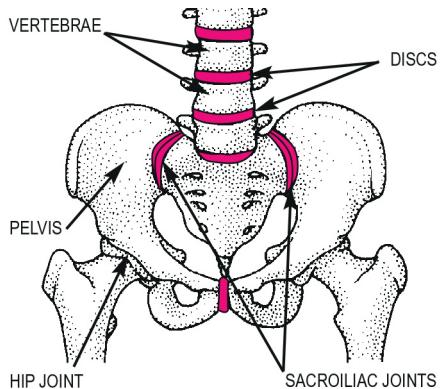
Ankylosing spondylitis (AS) is a form of inflammatory arthritis that affects the joints of the lower back, which become inflamed and stiff. In severe cases, the spine joints can become fused (join together) and lose their movement.

What happens?

Ankylosing spondylitis usually starts around the triangular bone at the base of the spine (the sacrum), where it joins the pelvis (in the sacroiliac joint). These joints become painful and inflamed, causing lower back stiffness, particularly in the morning.

The spine is made up of a chain of bones called vertebrae. Inflammation starts at the edges of the vertebral joints, leading to scar tissue forming in the space between the bones, making the joint stiff. The scar tissue may then turn to bone, filling the space between the bones and effectively fusing the joint. Movement of the spine is then limited.

AS tends to be more common in young men but it also occurs in young women. Like most kinds of inflammatory arthritis, it can go into remission.



Which joints?

AS usually affects the joints of the spine, shoulders and, sometimes, the hips. In a few people, other joints can also be affected, such as the knees and ankles.

Diagram showing the joints in the pelvic area affected by ankylosing spondylitis.

How will it affect me?

AS starts with pain, aching and stiffness, usually in the lower back. After a while the pain will go, before reappearing, maybe further up the back. Movement of the chest may become limited. These bouts of pain and stiffness are likely to come and go over a number of years and, then, when the inflammation dies down, they may stop altogether, though the restriction of movement in the spine and chest persists.

Most people with AS have some pain and discomfort but manage a full and normal daily routine. For others, with more severe AS, the spinal restriction and inflammation in other joints can become severe and disabling. With an early diagnosis of AS, much can be done to minimise its effects.



As with other inflammatory diseases there can be bouts of overwhelming fatigue with AS. In addition, there is a risk of developing an inflammation called iritis, which affects the eyes. If you find your eyes become painful and bloodshot, you should speak to your doctor immediately.

How is it treated?

Anti-inflammatory drugs can help to reduce the pain and stiffness of AS. There can be an inclination to rest when feeling unwell with any form of arthritis, but exercise will help to relieve pain of AS, maintain mobility and prevent the joints from becoming fused into a bad position.

If it is your hip joints that are affected, then joint replacement surgery could be considered. Ask your doctor about your options.

► **For more information on the drugs used in the treatment of arthritis, see pages 36–41.**

Most people with AS will respond positively to treatment with anti-inflammatory drugs and physiotherapy, but biologic drugs can also be used (see pages 38–39). Speak to your rheumatologist about whether you could be a suitable candidate for this form of treatment.

Fibromyalgia

Fibromyalgia (or fibromyalgia syndrome, FMS) is a common condition that is thought to affect as many as 1 in 25 people, and more women than men. It causes pain, aching and stiffness in muscles, ligaments and tendons throughout the body. It may affect one part of the body or several different areas. It can be a difficult condition to diagnose as the symptoms are similar to those of a number of other conditions.

What happens?

People with fibromyalgia are extremely sensitive to pain or physical pressure. The cause is not fully understood, but it is believed to be linked to changes in the way the body's central nervous system processes pain.

► See also
our booklet
on *Coping
with Pain*.

How will it affect me?

Pain, extreme tiredness (fatigue) and sleep disturbance are the main symptoms of fibromyalgia. You may feel stiff and ache all over, while specific pain may be localised in a number of tender points for a period of time. Although fibromyalgia is not an inflammatory disease, most people

feel the pain as aching, stiffness and tiredness in the muscles around the joints, particularly on waking in the morning. Other symptoms include headaches and concentration problems. Less commonly, fibromyalgia may lead to an irritable or uncomfortable bowel.

Many people find fatigue to be the most troublesome symptom. This can make it difficult to do many things, from climbing the stairs or doing household chores, to being able to go to work. It can also affect your personal and social life.

You may find that sleep leaves you feeling unrefreshed. Research has shown that during sleep, people with fibromyalgia lose the particular phases of deep, restorative sleep that our bodies need. This can trigger a cycle of sleep disturbance and pain, which can in turn lead to a low mood, irritability or depression.

► See also
our booklet
on *Coping
with Pain*.

Swimming is an excellent low-impact activity that can help maintain good joint movement and muscle tone.



How is it treated?

There is no simple cure for fibromyalgia, but many people find effective ways to manage the symptoms.

Your doctor will be able to treat your sleep disturbance, and may suggest antidepressant drugs. These can be effective for chronic pain – even if you do not have the depression that can accompany the condition – as they can help to restore a regular and sustaining sleep pattern.

Research has shown that aerobic exercise, such as swimming, improves fitness and can be effective in reducing pain and fatigue in people with fibromyalgia.

Exercise can also help you achieve and maintain a healthy weight, which is an important consideration, as excess weight can aggravate the condition.

► See also
our booklet
on *Exercise
and Arthritis*.

The pain of gout can be severe, but flare-ups usually subside in a few days, after which the joint returns to normal.



Gout

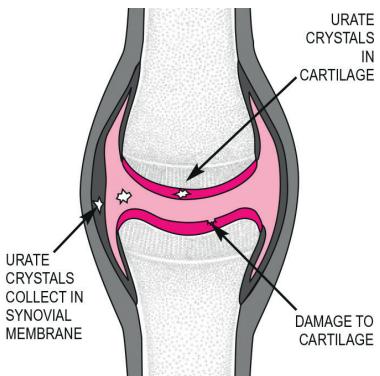
Gout is an inflammatory condition in which crystals build up in the body and cause joints to become extremely painful. It is one of a few types of arthritis where future damage in joints can be avoided by treatment.

What happens?

We all have some uric acid in our blood, but most of us pass enough uric acid in our urine to keep down the amount in our blood. However, some people don't pass enough, or they produce more in the first place, so the level of uric acid in blood and tissue fluids is higher. When there is too much uric acid in the tissues, it can form crystals. These crystals can form in and around joints and, if the crystals enter the joint space, they can cause inflammation, swelling and severe pain.

Which joints?

Gout commonly attacks the joints at the base of the big toe, but it may affect other joints, such as the ankles, knees, hands, wrists or elbows.



How will it affect me?

The affected joint starts to ache, then quickly becomes swollen, red and extremely painful. The attack usually lasts for a few days, then dies down, after which the joint gradually returns to normal.

Diagram showing crystals having formed in a joint affected by gout.

How is it treated?

Very bad (acute) attacks of gout are usually treated with non-steroidal anti-inflammatory drugs (NSAIDs), or with a steroid drug called colchicine. These drugs help reduce inflammation and so cut down the pain.

Some people may take preventative drugs – such as allopurinol or febuxostat – every day for the rest of their lives, in order to stop uric acid levels building up in the body.

Having a good diet and maintaining a healthy weight can significantly reduce the chances of a gout attack. There is evidence to suggest that alcohol (particularly beer), liver and kidney, tinned fish and shellfish can all worsen symptoms of gout.

► See also our booklet on *Healthy Eating and Arthritis*.

Polymyalgia rheumatica

'poly' means many, and
'-myalgia'
means muscle pain.

Polymyalgia rheumatica (PMR) is an inflammatory condition that usually affects the muscles in and around the shoulders and upper arms, the buttocks and the thighs. It typically affects people aged over 50, and is more common in women than men. The cause is currently not well understood.

What happens?

Polymyalgia rheumatica usually starts very suddenly and develops over a couple of weeks. Your GP may well be able to make a diagnosis without referring you to a rheumatologist.

It is important to note that polymyalgia rheumatica is sometimes associated with a condition called **giant cell arteritis (GCA)**, which is an inflammation of the arteries that supply the head and neck. Symptoms of GCA include severe headaches, and pain and tenderness around the head, temples and jaw. It is a very serious complication. If you experience such symptoms, you should see your doctor immediately.

Polymyalgia rheumatica commonly affects the muscles in and around the shoulder and upper arm.



How will it affect me?

You may experience severe and painful stiffness in your shoulders and thighs, usually on both sides. The severity of the stiffness may restrict your mobility, particularly early in the morning, although the pain usually eases a little as the day progresses. The pain may also be less when active but feel worse when resting. You might also feel generally unwell and extremely tired.

How is it treated?

Your doctor is likely to prescribe steroid tablets, which are highly effective in treating PMR. (Common painkillers or anti-inflammatory drugs are unlikely to be effective.) You will probably be given a moderate dose of steroids initially, gradually reducing to the lowest dose possible. Most people require treatment for a year or two, or sometimes longer. If GCA develops (see opposite page), a higher dose of steroids may be used initially than in straightforward polymyalgia rheumatica.

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Psoriatic arthritis

Some people who live with the skin condition psoriasis also develop a form of arthritis known as psoriatic arthritis. It causes inflammation in and around the joints.

What happens?

Psoriatic arthritis can affect most joints, but typically causes problems in fingers and toes, with pitting and discolouration of nails.

Some people with psoriatic arthritis also have spondylitis – a stiff, painful back or neck that occurs as a result of inflammation in the spine.



Psoriatic arthritis tends to affect people who already have the skin condition psoriasis, which causes a red, scaly rash.

How is it treated?

Anti-inflammatory drugs can help control the pain and stiffness associated with psoriatic arthritis. You could be offered disease-modifying anti-rheumatic drugs (DMARDs) to attack the cause of the inflammation, probably requiring regular blood tests to monitor and ensure that the drugs are safe for you. If you find DMARDs are not working for you, you may be assessed for treatment with biologic drugs. Or steroid injections are often recommended for particularly troublesome areas.

Treatment for the skin is usually with ointments, but if these don't help, then treatment in tablet form and light therapy may be recommended.

To help prevent the affected muscles from weakening, and to ease stiff joints, exercise is very important.

Psoriatic arthritis can be a distressing condition, and it is not uncommon for the pain to get you down and cause stress, anxiety or depression. Speak to your doctor about having counselling; it can be a great help. And you may find that learning new relaxation techniques will also help you to deal with the stress caused by this condition.

► See also
our booklet
on *Exercise
and Arthritis*.

If you are pregnant or planning a pregnancy, you will need to be closely monitored by your doctor.

Lupus

Lupus (or systemic lupus erythematosus, SLE) is an autoimmune disease in which the body's natural defences (the immune system) fail to function properly. Cells and antibodies, which are in the blood to defend the body against infection, instead begin to attack the body and cause inflammation. It occurs most commonly in younger women, and it is a disease that may come and go over many years; sometimes it may disappear of its own accord.

What happens?

Lupus may begin with an obvious and bad attack, but it can also begin very mildly. Because it has various symptoms that overlap with those of many other illnesses, it can be frustratingly difficult to diagnose. Often, other diseases with similar symptoms have to be eliminated first, before a diagnosis of lupus can be made.

How will it affect me?

The effects of lupus vary considerably from one person to another. Among the commonest symptoms are aches and pains in the joints, sometimes with joint inflammation, and

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extreme tiredness (fatigue). You may develop a rash over some parts of your body that worsens after being in the sun, and you may experience hair loss. More severe cases can affect internal organs.

When the disease is active, it may feel rather like having flu. You are likely to be feverish and tired. Almost everyone with lupus experiences joint and muscle pain, because the joints become inflamed, but lupus hardly ever causes any joint damage. You may find the tendons around your joints become inflamed and stiffen (so, for example, you may not be able to straighten out your thumb or fingers).

How is it treated?

Many different drugs can be used to treat lupus. Steroids, the family of disease-modifying anti-rheumatic drugs (DMARDs), and anti-malarial drugs are all commonly used to treat lupus. Once a suitable drug treatment has been identified, most people find the effects of lupus are considerably lessened and become more manageable.

► For more information on these and other conditions, download our factsheets from our website or call our helplines.

Understanding treatment options

Finding the right treatment for you

There is a wide range of treatment options available for arthritis, and it can sometimes take time to find the treatment that works best for you. There may be some periods when different treatments have to be tried and their effects monitored. And, over time, your treatment may need to be adjusted to meet your changing needs.

Before you pursue any course of treatment, you should have the opportunity to discuss your options with your doctor. Developing a good, positive relationship with your doctor and any specialists or other health professionals (see pages 34–35) can be hugely beneficial in securing the right treatment for your particular needs.

Treatment for arthritis is not simply a matter of taking tablets – you may well need physiotherapy, advice from an occupational therapist, exercise or dietary guidance, or you may choose complementary or alternative therapies. Don't be afraid to ask for advice and to explore your options. Being active in the choice of your treatment can be empowering and help you feel a sense of control.



Making the most of consultations

It is important to make the most of any consultation, and that you understand and feel confident about any treatment suggested. Before seeing any doctor, think about and write down what you want to say and ask. Take along a list of questions; it will jog your memory and give you confidence during the consultation. You may find it helps to take a friend or relative to your appointment with you; most doctors and health professionals will be happy for you to do this.

Physiotherapy can help with maintaining joint mobility and muscle strength.

If an appointment comes to an end before you have got through all your questions, ask for another appointment. Or if you are not sure about something that has been said to you, don't be afraid to say so, and to ask for a more detailed explanation. Medical professionals want to help and inform you; they will be happy to answer your questions.

If you are unsure about any treatment, go back to your doctor. Being straightforward, reasonable and clear about your needs can help you make the most of the professional expertise available to you.

Who is involved?

Your GP

Your first port of call will be your GP, who may be able to establish your diagnosis and offer you immediate treatment. If your GP is unable to do this, he or she will organise further tests – usually blood tests, x-rays or scans at your local hospital.

If you have symptoms of inflammatory arthritis, your GP should refer you to see a specialist or a consultant at your local hospital, or you can ask to be referred.

The National Institute for Health and Care Excellence (NICE) for England and Wales recommends that a referral should be made within three months from the start of symptoms.

Hospital consultants

Consultants are senior doctors who have undergone specialised training in the diagnosis and treatment of a particular group of disorders.

For example, a rheumatologist specialises in arthritis and rheumatic diseases; an orthopaedic surgeon specialises in the surgical treatment of bone and joint disorders.

A consultant (or another member of the specialist's team) will be able to establish a diagnosis and identify a suitable treatment plan for you, and will monitor your arthritis and your treatment over time.

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Rheumatology nurses

Rheumatology nurses have special experience in looking after the physical, emotional and social needs of people with arthritis. They will be invaluable in helping you to understand your arthritis, and in helping to provide your treatment. They can give injections, arrange for blood tests, answer your questions and concerns about treatment, and can often be contacted via dedicated helplines between appointments with your consultant.

Physiotherapists

Physiotherapists are experts in mobility and all aspects of joint and muscle function. If you are referred to a physiotherapist, you are likely to be given a full assessment of your joints, muscles, posture, and how you walk and generally move around. Your physiotherapist will ask you about your pain and what particular problems you might be having, and may well suggest a programme of daily exercises for you to follow at home. You might also be advised on other treatments, such as hydrotherapy, mobilisation and relaxation techniques, pain relief and walking aids.

Occupational therapists

An occupational therapist (OT) will help you with everyday activities such as washing, dressing, cooking and cleaning, and can advise on equipment to assist you in your daily tasks. Your GP or hospital consultant can put you in touch with an OT, and either you might see them at your local hospital or they might visit you at home.

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Treatment with drugs

The range of drugs available these days to treat arthritis is vast. Whatever drug you are prescribed, you will need information from your doctor about what it is and how it may help. Here, we will run through the different types of drugs available.

Painkillers (analgesics)

**Never take more than the recommended dose of any painkiller.
If in doubt, talk to your pharmacist or doctor.**

These are pain-relieving drugs, such as paracetamol or codeine. They do not affect the arthritis itself, but they can help relieve pain and stiffness. They come in varying strengths, from lower-dose over-the-counter tablets, to stronger ones that are available only on prescription.

Paracetamol is the simplest and safest painkiller and the best one to try first.

Many pain-relief gels containing this type of painkiller can also be bought over the counter.



Non-steroidal, anti-inflammatory drugs (NSAIDs)

These act to reduce inflammation and joint swelling, and so relieve the pain caused by inflammation and swelling. There are many different NSAIDs – ibuprofen, diclofenac and naproxen are among the most common.

While many people have no problems with them at all, NSAIDs do come with a couple of warnings. First, they can cause digestive upset – for example, indigestion or diarrhoea or, in very extreme cases, stomach bleeding. So you may need to be prescribed an anti-ulcer medication at the same time (known as proton pump inhibitors). Secondly, if used at higher doses or for prolonged periods of time, both older NSAIDs and the newer, safer Cox-2 inhibitors – which include celecoxib (Celebrex) and etoricoxib (Arcoxia) – can slightly increase the risk of stroke or heart trouble. So, current medical advice is that people who have had stroke or heart trouble should not take NSAIDs.

If your disease is controlled with disease-modifying drugs (see below), you may not need to take NSAIDs.

Always ask your doctor or pharmacist about which treatment is suitable for you, about side effects and about any other concerns you may have.

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Disease-modifying drugs

Disease-modifying and immunosuppressive drugs are used for those types of arthritis that involve autoimmunity, including rheumatoid arthritis and lupus. Immunosuppressive drugs help to dampen down the immune system's attack on the joints. Drugs used to treat rheumatoid arthritis include methotrexate (Maxtrex), sulfasalazine (Salozopyrin, Sulazine), leflunomide and antimalarial drugs. For lupus, methotrexate, antimalarials, azathioprine and cyclophosphamide have proved helpful.

Disease-modifying drugs have to be carefully monitored to guard against possible side effects.

Biologic drugs

Anti-TNFs

TNF is short for tumour necrosis factor.

In some forms of arthritis, the body produces an excess of a protein called TNF, which causes inflammation and pain, and can damage the bones and joints. Anti-TNFs suppress the action of this protein, so reducing the inflammation.



Anti-TNFs are a form of biologic drug. They include etanercept (Enbrel), infliximab (Remicade), adalimumab (Humira), certolizumab pegol (Cimzia) and golimumab (Simponi). The use of anti-TNFs is governed by strict guidelines, which have to be followed in assessing who can be treated. Anti-TNFs are not suitable for everybody but they can offer good control to some people with severe rheumatoid arthritis, ankylosing spondylitis or psoriatic arthritis, who have not been helped by other disease-modifying drugs. Ask your rheumatologist whether you could be a suitable candidate.

Other biologic drugs

For people with inflammatory arthritis who have not responded to anti-TNF treatment, there are other biologic drugs available, including rituximab (MabThera), abatacept (Orencia) and tocilizumab (RoActemra). These drugs would be administered in hospital through a drip.

All biologic drugs are usually used along with methotrexate, although there are exceptions. Some drugs will work better for some people than others, and availability varies across the UK.

The range of drugs available for the treatment of the pain of arthritis is vast; always speak to your doctor if you have any questions.

Biologic drugs are drugs that are prepared from living organisms. For example, a serum or a vaccine is a biologic drug.



Never be afraid to ask questions about the medication you are being prescribed.

Steroids

**Note that
the steroids
prescribed for
the treatment
of arthritis
are not the
same as those
sometimes
used by
athletes.**

Steroids (sometimes called corticosteroids) – such as prednisolone – are powerful drugs that can be very effective in reducing inflammation. They may be taken orally in tablet form, or by injection either into an inflamed joint or directly into a vein during a flare-up.

Your doctor will always try to give you the lowest possible dose of steroids for the shortest possible time, and will monitor you carefully while you are taking them. This is to guard against some of the potentially serious side effects of long-term use of steroids, which can include weight gain, high blood pressure, osteoporosis or diabetes.

If you are prescribed a course of steroids, it is very important:

1. not to stop taking them suddenly, as this can be dangerous; speak to your doctor if you have any concerns at all
2. always to carry a steroid card with you to ensure that, if for any reason you are taken ill, doctors will always know to continue your treatment; if you have not got one, ask your pharmacist.

Tips for taking drugs

- Make sure that you are absolutely clear about how much you should be taking of any drug, how often and when.
- Be sure to ask when you should take them – whether they are best taken with or after meals, or whether they should be taken on an empty stomach.
- Ask whether the drug will act immediately or only after some time.
- Ask about any possible side effects and be sure you are clear what you should do if they occur.

Other things to consider when taking medication:

- If you are a woman thinking of having a baby, it is very important you discuss this with your doctor. He or she may recommend that you cease taking some of your drugs several months before conception.
- If you are prescribed a new medicine, ask about the possibility of any negative interaction between it and anything else you might already be taking – including other medicines or herbal or food supplements.

You may find taking any drugs to be a worrying business, yet for many people with arthritis, drugs are proven to be very effective. Blood tests can check they are safe for you.

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Surgery options

While many people with arthritis will never need to have surgery, others find it is very successful in relieving the pain caused by arthritis, improving mobility and reducing stiffness. It is usually the last resort after other treatment options have been explored.

Your consultant will discuss with you any surgery options available for your particular needs. Surgery can be minor (to assess damage, to smooth joints or to repair cartilage) or it can be more intrusive (for example full joint replacement). Other operations include the removal of the inflamed lining of the joint cavity (synovectomy); the repair of damaged tendons; the removal of bone to relieve pain; the release of trapped nerves; or the fusing of a joint to make it more stable.

► For more information see our booklet:
Surgery and Arthritis.

Of course there are always risks associated with surgery, and recovery may take a lot of time and effort on your part. But for most people who do need surgery, it brings about a dramatic improvement in pain levels and quality of life.

Complementary therapies

Complementary therapies – such as hydrotherapy or acupuncture – are therapies that can work alongside (i.e. complement) conventional medicines.

Many people with arthritis try a range of complementary therapies in addition to the conventional drugs prescribed by their doctor. While these therapies do not offer a cure, you may find that they do help relieve pain and ease stiffness. They can also help you deal with some of the unwanted side effects of taking drugs. And they can be very effective in improving your general sense of well-being and helping you relax, which in turn can have a positive effect on your mood, and help you feel more confident and better able to manage the effects of your arthritis.

Complementary therapies often involve making certain lifestyle changes, for example changes in diet or exercise. Many people find these therapies effective, while others remain sceptical about the medical benefits. It is a good idea to discuss new therapies with your doctor before trying them, as some may interfere with medication.

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Massage

Massage can be very beneficial for general relaxation, and for soothing tired muscles and limbs. It can help relax and tone the muscles, and improve blood flow.

Your partner or a close friend could help out, or you can go to a professional masseur. Self-massage is also possible (gently kneading the muscles in a painful area to increase blood flow and bring warmth). Be careful to massage *around* an inflamed joint, not directly on the joint itself, and always stop if pain develops.

Hydrotherapy

Usually overseen by a physiotherapist, hydrotherapy allows you to exercise your joints and muscles in a soothingly warm water pool. The warm temperature encourages muscle relaxation and eases pain in your joints. As the water supports your weight, the range of movement in your joints increases, also helping the pain to decrease.

► See also
our booklet
on *Exercise*
and Arthritis.



Speak to your doctor or physiotherapist about how to arrange a hydrotherapy session. Some hospitals have hydrotherapy pools, often used for post-surgery recovery, to enable you to relax and exercise without putting pressure on the treated joint.

Acupuncture is widely found to be helpful in the relief of pain for a number of conditions.

Acupuncture

Acupuncture is a treatment that originates from ancient Chinese medicine, and involves inserting very fine needles into parts of the body in order to stimulate nerves under the skin and in the muscles. This stimulation encourages the release of the body's natural pain-relieving substances – endorphins. Acupuncture can be very effective in helping to alleviate pain in a range of conditions, including many forms of arthritis.

Although acupuncture is sometimes available on the NHS, you are more likely to need to pay for private treatment. Speak to your doctor in the first instance, who will be able to refer you or put you in touch with a qualified professional.

Tips for finding a complementary therapist

- Ask your GP if he or she can refer you on the NHS.
- It is always good to be guided by a personal recommendation if possible; ask people you know and trust if they can suggest a practitioner. If not, look online for an appropriate professional register, which should be able to give you a list of practitioners in your area.
- When you first make contact, check out details such as how long they have been practising, how much the treatment will cost, how long each session might take, and what you should expect.
- A good practitioner will always make you feel at ease, readily answer any questions you might have, and explain what treatment they intend to offer you. If you feel at all uncomfortable, say so, or look for an alternative.
- It is a good idea to check that they have insurance, just in case something goes wrong.
- If a practitioner suggests you stop taking prescribed drugs, be very wary and speak to your doctor before taking any action. Never stop taking prescribed drugs without discussing it first with your doctor. Stopping some courses of medication too early can be dangerous.
- Complications are very rare, but if you are pursuing any form of complementary therapy at the same time as receiving medical treatment or taking a course of drugs, it is wise to mention it to your doctor.

Self-help: making a difference yourself

Receiving the right medical help and treatment for arthritis is important, but so too is helping yourself. There is a lot you can do to minimise the overall effects of your arthritis on your everyday life – to control your arthritis rather than letting it control you. Here we will touch on some areas in which you can make a difference to your life through small but important changes. For more detailed information, please call the Arthritis Care helpline on 0808 800 4050 (10am–4pm, weekdays).

Diet

A healthy body weight is achieved by balancing the energy we take in through our diet with the energy we use through activity. Many people have trouble striking this balance, but it can be particularly difficult for people with arthritis. Some anti-inflammatory drugs can lead to stomach problems, which can make dietary choices difficult. Other drugs, such as steroids, often lead to weight gain, and some people find that their arthritis makes exercising or preparing fresh food more difficult, which can also lead to weight gain. Or you might find that during a flare-up you are too tired to eat, which can lead to weight loss and, in turn, to exhaustion.



Eating a wide variety of different types of foods in the right proportions and in the right quantities is the key to achieving and maintaining good health.

There is a lot of confusing and conflicting information on diet and arthritis, and whether or not particular foods are helpful or harmful. You will probably find that everyone wants to give you advice on what to eat and what not to eat. Certain foods might have more of an effect on your arthritis than others, and remember that everyone reacts differently to specific foods; what suits one person may not suit another.

Following a healthy diet will not cure arthritis, but it can help reduce the amount of arthritis medications needed and their side-effects.

Achieving and maintaining a healthy weight is one of the most effective things you can do to reduce the symptoms of arthritis, particularly osteoarthritis.

► For detailed information on how managing your diet can help you manage your arthritis, see our booklet, *Healthy Eating and Arthritis*.

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Exercise, rest and relaxation

If you have arthritis you may well find exercise difficult. But there are many different forms of exercise and it is possible for everyone to find one that they can do. Exercise is important, not only to burn up calories or to lose weight, but also to ease stiffness, to keep joints moving, and to maintain and improve muscle tone. In addition, it has a positive effect on mood, which can help anyone living with arthritis to cope and to feel more confident.

People with arthritis benefit from three types of exercise: stretching, strengthening and aerobic exercise. And alongside exercise, careful rest and relaxation are also important, especially during a flare-up or when you are experiencing particularly severe inflammation. There are a number of simple relaxation techniques that you can learn and practise regularly. Ask your GP about local relaxation classes, or your local library will be able to guide you to books or audio guides that teach relaxation techniques.

► For ideas on how to get active see our booklet: *Exercise and Arthritis*.

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Looking after your joints: equipment and adaptations

Inflamed or damaged joints need to be cared for and protected, and keeping healthy plays a significant part in this. But you also need to avoid straining your joints by doing things awkwardly or doing more than you are comfortably able to.

Equipment is available to help with anything from turning taps, opening tins or bottles and cutting vegetables, to bathing and dressing or climbing stairs.

It can be frustrating to find that some everyday tasks become difficult and complicated with the onset of arthritis, but the good news is that there is a wealth of advice, support, and a number of practical solutions available to help keep things manageable.

An occupational therapist can be particularly helpful in helping you identify your specific needs and sourcing appropriate equipment and adaptations (see page 35).

Contact the free Arthritis Care helpline, or any of the organisations listed on pages 54–57, for further advice and support.

Keeping positive

There is a huge amount of support and help available for anyone living with arthritis, but there are bound to be times when you find it hard to stay positive – times when you struggle with negative emotions and frustrations. What can you do at these times?

- Talk to someone about how you feel. Talking can sometimes very quickly ease the burden and rebalance your feelings.
- If friends or family say they would like to help, let them; don't be afraid to say what you need, whether it's a chat, a hug, or an offer to accompany you to an appointment.
- If you are feeling particularly down or depressed, you might want to think about seeking counselling.
- You may feel stressed from having to work at managing your condition, and long-term or recurrent pain can be exhausting. Learning ways to relax can help. There are many relaxation methods – such as mindfulness or meditation – that can not only ease stress but, over time, can help prevent it.
- Be well informed about your condition. Learning about arthritis can help you feel more in control.
- Focus on what you can change. There may not be a cure for your arthritis, but you can lessen its impact, for example by remaining active, taking care of your diet and maintaining good general fitness.

It is possible for you to control your arthritis rather than letting it control you. Learning how to manage your arthritis effectively will help you to limit the impact it has on your life.

► Call Arthritis Care's helpline for confidential information and support.

► If you have any questions about living with arthritis, contact Arthritis Care or one of the organisations listed on pages 54–57.